

33C

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Bruce C. Johnson
Serial No. : 08/615,814
Filed : March 14, 1996
For : NASAL DILATOR
Docket No. : C348.12-0011

Group Art Unit: 3515
Examiner: K. Asher

CERTIFICATION OF TELEFACSIMILE TRANSMISSION

Assistant Commissioner for Patents
Washington, D.C. 20231

FAXED COPY RECEIVED (703) 308-3139

MAY 2 1997

Sir:

GROUP 3300

I certify that the following papers are being telefacsimile transmitted to the U.S.
Patent and Trademark Office on the date shown below:

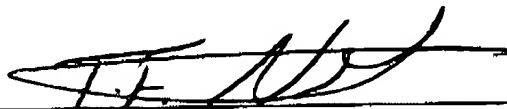
1. Letter.

KINNEY & LANGE, P.A.

Date:

5/2/97

By:



Theodore F. Neils, Reg. No. 26,316

Suite 1500

625 Fourth Avenue South

Minneapolis, MN 55415-1659

Phone: (612) 339-1863 Fax: (612) 339-6580

TFN:nab

6 PAGES - INCLUDING COVER PAGE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant	: Bruce C. Johnson	Group Art Unit: 3312 Examiner: K. Asher
Serial No.	: 08/615,814	
Filed	: March 14, 1996	
For	: NASAL DILATOR	
Docket No.	: C348.12-0011	

FEE CALCULATION SHEET
(AMENDMENT AFTER FINAL)

FAXED COPY RECEIVED

MAY 1997

Sir:

The fees due for filing this Amendment After Final are calculated as follows:

GROUP 3300

☒ No additional fee is required.☐ Small entry status of this application under 37 CFR §§ 1.9 and 1.27 is established by a verified statement.

(Col. 1)			(Col. 2)	(Col. 3)	Small Entity			Large Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	OR	Rate	Add'l Fee
Total	* 16	Minus	** 22	= 0	x 11 =	\$		x 22 =	\$
Indep.	* 6	Minus	*** 6	= 0	x 40 =	\$		x 80 =	\$
First Presentation of Multiple Dep. Claim					+ 130 =	\$		+ 260 =	\$
				TOTAL		\$		Total	\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "highest number previously paid for" in this space is less than 20, write "20" in this space.

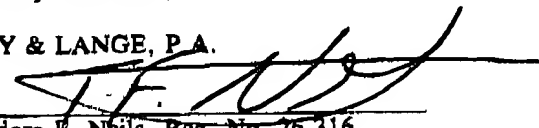
*** If the "highest number previously paid for" in this space is less than 3, write "3" in this space. The "highest number previously paid for" (total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge Deposit Account No. 11-0982 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ is enclosed.☒ The Commissioner is authorized to charge payment of any patent application processing or filing fees under 37 CFR §§ 1.16 and 1.17 or credit any overpayment to Deposit Account No. 11-0982. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

KINNEY & LANGE, P.A.

By:


 Theodore F. Neils, Reg. No. 26,316
 Suite 1500
 625 Fourth Avenue South
 Minneapolis, MN 55415-1659
 Phone: (612) 339-1863 Fax: (612) 339-6580
TFN:nab
May 2, 1997